

## Weight Gain Questionnaire

Patient name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Self-referral or referred by: \_\_\_\_\_

Prior endocrinologist (if any): \_\_\_\_\_

Please bring this completed form along with a list of your current medications and supplements to your appointment.

1) Age weight became problem: \_\_\_\_\_

2) Present weight: \_\_\_\_\_

3) Highest weight (and age): \_\_\_\_\_

4) Lowest weight (and age): \_\_\_\_\_

5) Goal weight: \_\_\_\_\_

6) What do you think is the cause of your weight problem?

\_\_\_\_\_  
\_\_\_\_\_

7) Number of times you eat out per week: \_\_\_\_\_

8) Number of (non-diet) sodas per week (12 oz can = 1 drink): \_\_\_\_\_

9) Number of glasses of juice, sweet tea, sports drinks per week: \_\_\_\_\_

10) Do you have any history of the following:

Bariatric surgery    Eating disorder    Heart disease    Substance abuse    Glaucoma

11) Select which medications you have tried for weight loss:

- I have not tried any medications before
- Phentermine (Adipex)
- Orlistat (Alli, Xenical)
- Lorcaserin (Belviq)
- Phentermine-topiramate (Qsymia)
- Liraglutide (Saxenda)
- Bupropion-naltrexone (Contrave)
- Semaglutide (Ozempic, Wegovy)
- Tirzepatide (Mounjaro, Zepbound)
- Other diet medications (please list): \_\_\_\_\_

12) Select which diets you have tried:

- Calorie counting    South beach diet    DASH diet    Mediterranean diet
- Paleo diet    Vegan diet    Atkins diet    Weight watchers
- Jenny Craig    Whole 30 diet    Blood type diet    Gluten free diet
- Raw food diet    Nutri-system    Liquid diet    Macrobiotic diet
- Alkaline diet    Other diet (please list): \_\_\_\_\_

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13) What is your activity level?

- Inactive - no regular physical activity with a sit-down job
- Mild activity - Exercise 20 minutes, 1 - 3x/week. Or routinely on feet at work walking
- Moderate activity - Exercise 30 - 60 minutes, 3 - 4x/week
- Heavy activity - Exercise 60+ minutes, 5 - 7x/ week. Or brick laying, carpentry, general labor, farming, landscaping